

Adult Dental and Health Check Dental Requests

Forms used to request authorization for adult and child dental services.

Section Description	Instructions
Member and Provider Information	
Member Information and Provider information is system populated based on member and provider IDs entered.	N/A
Contact Information	
Provider contact information is populated by the system in this section.	1. Enter contact information that is missing or change information that is incorrect (email is optional).
Request Information	
This section captures place of service and release of information consent type.	2. Place of Service: Select the applicable location of service from the drop list. Place of service is generally <i>Office</i> . 3. Release of Info: From the drop list, select the type of release of information consent related to the dental request. If not know, select <i>Plan Sponsor</i> .
Dental Procedures	
This section captures dental procedure information including: Dental code, Description, From/To Dates of Service, Quantity, and Amount. Also, if applicable to the dental procedure requested, the following information may be required: Tooth Number, Tooth Surface, Tooth Quadrant, Oral Cavity Code and Code List Qualifier.	4. CPT Code: Enter the dental code in the 'CPT Code' box. The system will insert the description. 5. Dates of Service: Enter the start date of service in the 'From Date' box and the end date of service in the 'To Date' box. Enter manually or use the calendar. 6. Quantity: Enter the total units of service requested for the dental procedure in the 'Quantity' box. 7. Amount: Enter the total cost of the dental service in dollars and cents. Do not enter a dollar sign. 8. If a 'Tooth Code' is required for the service requested, select the applicable tooth code from the drop list. 9. If a 'Tooth Surface' is required for the service requested, select the applicable surface from the drop list. 10. If a 'Tooth Quad' is required for the service requested, select the applicable quadrant from the drop list. 11. If an 'Oral Cavity Code' or 'Code List Qualifier' is required for the service requested, enter the information in the boxes provided. 12. Click ADD to add the dental procedure information to the request. 13. Follow the same process to add other dental procedures.
Member Retro Eligibility	
This question refers to members who received retrospective Medicaid eligibility for the request dates of service.	24. Click Yes if the member has retro eligibility for the request dates of service.

Missing Teeth	
This section is used to identify the member's missing teeth. This information is required for RCT and removable prosthodontics.	25. Click the applicable boxes under <i>Permanent Teeth</i> and <i>Primary Teeth</i> .
Remarks, Summary and Rationale for Treatment	
This section captures the medical justification for the dental services requested including the dentist's interpretation of X-rays.	26. Enter the required information in the text box provided.
Additional Information Questions	
Depending on the dental codes requested, additional questions may be pulled into the request form.	27. Respond to all questions. Responses are required for PA submission.
<p>When all information entered:</p> <p>Click Review Request</p> <p>Click I Agree to the attestation statement</p> <p>Review the request for accuracy</p> <p>Click Edit Request to correct data or add more data</p> <p>Click Submit Request to submit</p>	